

**BILLING CARD****MH/ PRINT / 0007 / BILL / FO**Patient Name Baby - yashikaD.O.A. 24/9/24 Time 9:00pmIP No. 2024000226Room No. CU-WRent Per Day 750 / Day**TRANSFER DETAILS**

Date	Time	From	To	Sister Signature
24/9/24	9:00pm	OP	EMR	<i>[Signature]</i>
24/9/24	10:30pm	EMR	General Ward	<i>[Signature]</i>
25/9/24	6:00AM	General Ward	OT	<i>[Signature]</i>
25/9/24	7:15AM	OT	WARD	Kaviya R.

OPERATION THEATRE

Date	: 25/09/24	OT No.	: 2ND
Surgeon	: DR. MADHAN KUMAR.	Start Time	: 6:15PM
I Asst. Surgeon	: DR. AARTHI	End Time	: 6:45PM
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	: YES
Anaesthetist	: DR. MAYILVANNAN	C-Arm	:
OT Nurse	: MS. KAVIYA	Arthroscopy	:
Name of Surgery	: HERNIORAPHY (ANATONICAL REPAIR)	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP**VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER Dressings

28/9/20

1

